



Direct Deposit Enrollment Form For Child Support Payments

Your Name: _____ Date of Birth ____ - ____ - ____
(Please Print)

Address _____

City _____ State _____ Zip _____

Social Security Number ____ - ____ - ____

Daytime Phone ____ - ____ - ____ Home Phone ____ - ____ - ____

I authorize the Tennessee Child Support Enforcement Program to initiate a direct deposit of my child support payments into my Checking or Savings account (circle one).

Personal Account Number: _____

Financial Institution Routing Number: _____

Bank Name: _____

City: _____ State: _____

☐ Check here if this is your initial request for direct deposit.

☐ Check here if this is a change and verify old account number: _____

Please attach a voided check. Your name must be on the check. Please mail this form with a voided check to:

**Department of Human Services
ATTN: Kathy Vaughn
Child Support Fiscal Services, 6th Floor
400 Deaderick Street
Nashville, TN 37243**

If you make a change in your bank account information, you must notify the Tennessee Child Support Enforcement Program at 615-313-5348. Notice must be given at least 15 business days prior to any changes in your bank account or if you close your account.

I acknowledge that the origination of these transactions to my account comply with United States Law. I further authorize the Tennessee Child Support Enforcement Program to initiate debit entries to my account as may be necessary to correct any erroneous credit entry initiated.

Signature: _____ Date _____

For State Use Only Member ID # _____